



'S-24-Health

DEMOCRATIC POLICY COMMITTEE **FACT SHEET**

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The Democratic *Patients' Bill of Rights* Protects the Doctor/Patient Relationship

Protecting the doctor-patient relationship. One of the fundamental principles of good health care is that the doctor-patient relationship must be based on confidence and trust. From that terrifying moment when a doctor has to deliver the news of a serious illness to a routine physical, patients put their lives in their doctors' hands, believing they will receive the best care possible. Patients no longer can count on this. A rapidly changing health care system and the dominance of managed care is undermining the doctor-patient relationship.

Some managed care organizations use a variety of tools either to restrain doctors from communicating freely with their patients or to provide them with incentives to limit care. In turn, rather than advocating what is in their patients' best interest, doctors are forced to consider the monetary penalty or reward that awaits them after every test or procedure they prescribe.

Managed care plans also have come to rely on the utilization review process, originally intended to help determine the best treatment for patients, as an effective tool to deny doctors' requests for approval to treat their patients. In many instances, health plan employees without medical training have the power to approve or deny a doctor's decision on how to treat a patient.

Democratic Policy Committee
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Tom Daschle, Chairman
Byron Dorgan, Co-Chairman

Freeing doctors to practice medicine is at the heart of the Democratic Patients' Bill of Rights. The five important components to protecting the doctor-patient relationship are:

- Plans must be prohibited from arbitrarily interfering with decisions of the treating physician regarding such issues as hospital length of stay. Through a fair definition of “medical necessity,” the Democratic *Patients' Bill of Rights* would ensure the health care people receive from managed care companies is consistent with good medical practice—not accounting principles. Managed care plans no longer would be able to deny promised benefits based on an interpolation of medical necessity defined by insurance companies rather than doctors.
- Plans must allow for adequate continuity of care for a patient undergoing an active course of treatment. For example, terminally ill patients should be allowed to stay with the same doctor for the duration of their treatment. And chemotherapy patients should be able to stay with the same doctor until their chemotherapy is finished.
- Communication between doctors and patients must be free and open. Plans must not be able to restrict physicians with “gag clauses” that keep them from giving patients information about all their treatment options, as opposed to just the cheapest, or about plan policies that affect their care.
- Likewise, plans must be prohibited from retaliating against doctors who are advocates for their patients. No doctor or nurse should be penalized because he fulfills his basic responsibility to tell a health plan or utilization reviewer that his patient has been unfairly denied care. No provider should be discharged or intimidated because she works to remedy quality deficiencies in a health care institution.
- Health plans' financial incentives to withhold care, both on providers and on utilization review professionals, must be limited. Doctors and utilization review workers should not have to choose between making their best judgment about necessary care and their own paychecks.